

Letter from the Executive Board

Dear Delegates,

We are delighted to be a part of the Executive Board of The UNODC at DRSMUN 2026. This guide exists solely, as the name states, to give you some basic information about the agenda. This cannot be a part of your only source of information. You will need a lot more research to even scratch the surface of the agendas we are dealing with as they are vast and complex. Setting that aside, we would still recommend you read this guide as it will help you get started with your research if nothing else.

The intricacies of the given situation are complicated, yet not necessarily hard to understand. All you need is a little bit of time and a lot of research and you can probably understand why we are saying this. You need to understand the problems, the causes for said problems and come up with legitimate and applicable solutions. Thorough research will help you take it in the right direction and will prevent the committee and the debate from getting stale or stagnant. We will however make sure that this is a great experience for everyone involved.

The UNODC is a great committee to start with. It is easy for first timers to get into the debate and talk about issues that they can understand. If you are a first timer, we would like to reiterate what we were saying before, research goes a long way. MUNs can be great learning experiences and we will do our best to make sure you have an amazing time, and amazing debate.

Happy Researching.

With Regards,

Executive Board, UNODC.

MANDATE & ABOUT THE COMMITTEE

United Nations Office on Drugs and Crime

The United Nations Office on Drugs and Crime, UNODC, is the UN's lead body on fighting transnational organised crime, corruption, drug trafficking, and terrorism. It is headquartered in Vienna and was set up in 1997, when the UN merged its Drug Control Programme with the Centre for International Crime Prevention. The thinking behind that merger still holds today: criminal networks rarely stick to one lane. Drug trafficking, financial crime, corruption, arms smuggling, cybercrime, environmental crime and human trafficking tend to overlap, often running through the same money channels, the same logistics networks, and the same institutional cracks. Treating them as separate problems never worked especially well, so the response had to be joined up too.

UNODC does far more than enforcement work. It sets international norms, provides technical assistance, runs research and data collection, and gives states a forum to cooperate. Its work traces back to the UN Charter and to a handful of major treaties, most importantly the UN Convention against Transnational Organized Crime (UNTOC), agreed in Palermo in 2000, and the UN Convention against Corruption (UNCAC), from 2003. Together, these two treaties are the backbone of how the world tackles organised crime and corruption. They give states shared standards for criminalising conduct, extraditing suspects, assisting each other legally, recovering assets, and cooperating institutionally.

One thing worth understanding early: UNODC does not prosecute anyone. It cannot investigate a criminal network directly. That job belongs to states. What UNODC does is help governments build the systems that make prosecution possible domestically: stronger legal frameworks, modernised criminal justice institutions, better investigative capacity, and smoother cross border cooperation. This distinction matters more than it might seem. A treaty on paper changes nothing by itself. What actually moves the needle is whether states are willing and able to turn those international commitments into real domestic law, working procedures, and sustained political follow through.

UNODC's work against organised crime runs through intelligence sharing and dedicated programmes on human trafficking, firearms trafficking, wildlife trafficking, maritime crime, and illicit financial flows.

Its second focus is anti corruption, built around the UNCAC review mechanism, which helps states strengthen public sector integrity, recover stolen assets, and improve transparency. Better whistleblower protection and stronger anti money laundering systems both fall under this pillar, since corruption is often the institutional soil organised crime grows in.

Drug control is the third pillar. UNODC tracks global trends through its World Drug Report and pushes alternative development programmes to cut illicit cultivation. The modern approach tries to balance law enforcement with public health, addressing both the criminal supply side and the social demand side.

Fourth comes terrorism prevention, where UNODC helps states strengthen their criminal justice response to terrorist financing, border security, and prison management. This work has become more relevant as the line between terrorist organisations and organised criminal networks keeps blurring.

Research sits at the centre of everything UNODC does. Reports like the Global Report on Trafficking in Persons, the World Wildlife Crime Report, and the Global Study on Homicide give governments an evidence base for tracking emerging criminal trends. These reports do not hand out one size fits all solutions; they

identify patterns, assess what is working, and support better decisions. That evidence base matters a lot in a field that is often clouded by political spin, patchy reporting, and the simple fact that organised crime tries hard to stay hidden.

UNODC also acts as secretariat for the Conference of the Parties to UNTOC and the Conference of the States Parties to UNCAC. These are the forums where member states check in on treaty implementation, swap best practice, hash out technical guidance, and build cooperation further. Unlike the Security Council, UNODC has no coercive power and no enforcement authority of its own. Its influence comes entirely from building consensus, offering technical expertise, and helping states facing shared criminal threats find ways to work together.

AGENDA: Preventing the Trafficking of Falsified Medical Products Through Transnational Organized Networks

With Special Emphasis on the Sahel Region

1. INTRODUCTION

1.1 Understanding the Agenda

The trafficking of falsified medical products sits at the crossing point of several fields at once: **public health, transnational organised crime, pharmaceutical regulation, border governance, corruption, illicit finance, international trade and regional security**. That is a wide net, and it is meant to be.

Start with the term itself. “falsified medical products” covers anything that deliberately or fraudulently misrepresents its identity, composition or source. That is a broader idea than the more familiar phrase “counterfeit medicine.” A falsified product might copy a genuine medicine outright, but it can also be a genuine product that someone has altered, relabelled, repackaged, or passed off as coming from somewhere it did not.

WHO draws a sharp line between falsified products and substandard ones. A substandard product is an authorised medicine that simply fails to meet the quality standards it is supposed to meet, no fraud involved. Falsification, by contrast, is deliberate. There is also a third, separate category: an unregistered or unlicensed product, whose problem is that it never had the required authorisation in the first place. That alone does not make it falsified.

This distinction is not academic. It decides what response is appropriate.

A manufacturing defect calls for regulatory action. A falsified product calls for both regulatory action and a criminal investigation. If a shipment is deliberately misdeclared at customs, that can bring in customs and fraud offences too. Bribe an official to wave it through, and you have added corruption. Launder the proceeds, and money laundering follows.

So the agenda cannot really be boiled down to a simple question of whether a given medicine is genuine.

The real question is bigger:

What criminal, commercial, regulatory and institutional structures let falsified medical products get made, moved and sold across borders, and how can those structures be dismantled without cutting off legitimate access to medicine?

That is the heart of the agenda.

1.2 Why This Is a Transnational Organised Crime Issue

This market is transnational because the supply chain is broken up on purpose.

Production happens in one country, packaging in another, transit through several more, and final sale in yet another market. Payments run through a separate financial system entirely. The people organising the whole operation may never so much as touch the medical products themselves.

That creates a real enforcement headache.

A customs authority might intercept a shipment but have no idea who ultimately benefits from it. A pharmaceutical regulator might confirm a medicine is falsified but have no jurisdiction to chase the foreign manufacturer. A police agency might identify a distributor but need financial records sitting abroad to piece together the wider network.

The whole enterprise operates across **jurisdictional boundaries, institutional boundaries and supply chain boundaries** all at once.

The UN Convention against Transnational Organized Crime, UNTOC, becomes relevant once conduct meets its thresholds on organised criminal groups, serious crime and transnationality. Article 2(a) defines an organised criminal group as a structured group of three or more people, existing over a period of time, working together to commit serious crime for financial or other material benefit.

UNODC already treats falsified medical products as an organised crime market in its own right, and maintains a dedicated legislative framework for crimes connected to falsified medical products.

Why does that classification matter in practice? Once a case is recognised as potentially involving organised crime, states can reach for tools that ordinary pharmaceutical regulation would never give them: **controlled investigations, conspiracy or criminal association offences, mutual legal assistance, joint investigations, financial investigations, confiscation, and international law enforcement cooperation.**

1.3 The Scale and Nature of the Problem

This is a global problem, but it bites hardest where regulatory systems are weak and healthcare access is limited.

WHO currently estimates that at least **one in ten medicines in low and middle income countries are substandard or falsified**, while being upfront about how hard it is to measure the true scale of the problem. It also puts the annual cost associated with substandard and falsified medical products at roughly **US\$30.5 billion**.

Do not read that figure too literally; it does not mean every tenth medicine in every low income country is fake. WHO itself flags how difficult reliable global estimates are, and has shifted towards systematic surveillance rather than leaning on broad prevalence numbers alone.

The WHO Global Surveillance and Monitoring System (GSMS) recorded **877 incidents between August 2017 and December 2021**, with reported incidents climbing by an average of 36.3 percent a year over that period. The products involved spanned antimicrobials, oncology medicines and vaccines.

What matters here is not just the size of these numbers.

It is that falsification reaches **essential and high value medical products**, cuts across therapeutic categories, and is increasingly tangled up with complex global supply chains.

1.4 The Sahel as a Regional Focus

The Sahel brings together a distinctive mix of geographic, economic, institutional and security conditions.

Its borders are long, and people and goods move across them constantly, which makes life hard for conventional border controls. Formal trade routes run alongside informal ones. At the same time, several Sahel states face security pressures that reduce the government's actual presence on the ground in parts of their territory.

None of this means the Sahel is somehow a manufacturing hub for pharmaceuticals, or that informal trade is inherently criminal. That would be an oversimplification.

What makes the Sahel relevant is its place within much larger regional networks of movement and commerce.

A product can enter through a perfectly formal commercial channel, then move through informal distribution networks, and end up with consumers well outside the jurisdiction where it first arrived. The same logistics infrastructure serves legitimate and illicit goods alike.

And there is direct evidence of falsified medicines circulating in Sahelian markets. WHO's 2020 alert on falsified chloroquine confirmed products in **Burkina Faso and Niger**. In 2021, WHO reported falsified Combiart, an artemether and lumefantrine malaria treatment, in **Chad, Côte d'Ivoire and Mali**; laboratory analysis found the expected active ingredients simply were not there.

These cases point to a central feature of the problem: **the same falsified product can turn up in multiple countries without the criminal network behind it being confined to any single one of them.**

Scope of the Debate

Ref	Category	Legal / Technical Formulation	Status
WITHIN SCOPE — Falsified Medical Products as Transnational Organised Crime			
A	Substantive Offences	Criminalisation of manufacture, falsification, adulteration, possession, sale, distribution, importation and exportation of falsified medical products, including inchoate and secondary liability (attempt, aiding/abetting, conspiracy) and participation in an organised criminal group.	Within Scope
B	Illicit Supply Chain Conduct	Criminal acts embedded in the supply chain: procurement of active ingredients and packaging materials, fraudulent documentation (certificates of analysis, customs declarations), concealment, transportation, wholesale/retail diversion and online trafficking.	Within Scope
C	Transnational Organised Crime Nexus	Cross-border criminal networks engaged in financing, manufacture and systematic distribution, engaging jurisdictional and organised-crime thresholds analogous to UNTOC Article 2(a).	Within Scope
D	Ancillary Financial Offences	Predicate and connected offences — corruption, bribery, fraud, money laundering, concealment of proceeds of crime, misuse of beneficial-ownership structures and legitimate corporate vehicles for criminal facilitation.	Within Scope
E	Regulatory Failure as Enabling Condition	Systemic deficiencies in licensing, inspection, traceability, customs control, laboratory verification capacity and regulatory enforcement that create exploitable vulnerabilities (not themselves offences, but causally linked to the criminal market).	Within Scope
F	Cross-Border Judicial Cooperation	Mutual legal assistance, extradition, joint investigations, intelligence-sharing, cross-border seizure, confiscation, asset recovery and evidentiary transmission between competent authorities.	Within Scope
G	Preventive and Structural Reform	Legislative harmonisation across jurisdictions, supply-chain security architecture, regulatory capacity-building, safeguarding access to legitimate medicines, and inter-agency/inter-state cooperation mechanisms.	Within Scope
H	Core Legal Objective	Attribution of individual and organisational criminal liability, prosecution, disruption of illicit supply chains, tracing/confiscation of criminal proceeds, and dismantling of organised criminal structures.	Within Scope
OUTSIDE SCOPE — Excluded Matters			
A	Non-Culpable Product Defects	Manufacturing defects, improper storage, or accidental contamination/degradation absent mens rea or fraudulent misrepresentation — a quality/regulatory matter, not a criminal one.	Outside Scope

Ref	Category	Legal / Technical Formulation	Status
B	Pure Intellectual Property Infringement	Trademark or patent infringement absent deliberate misrepresentation of identity, composition or source — governed by IP law, not falsified-medicine criminal law.	Outside Scope
C	Unconnected Narcotics Offences	Controlled-substance trafficking or misuse unrelated to falsification or the specific illicit market under examination.	Outside Scope
D	Clinical Malpractice	Negligence, inappropriate prescribing or professional misconduct absent deliberate falsification or organised distribution — governed by medical liability/regulatory law.	Outside Scope
E	Informal Commerce Without Criminal Nexus	Informal or unlicensed trading, absent proof of falsification, trafficking or organised facilitation, does not by itself meet the threshold for criminal liability.	Outside Scope
F	General Health-System Regulation	Pharmaceutical pricing, healthcare delivery and routine administrative regulation, unless directly linked to falsified medical-product crime.	Outside Scope
G	Delimiting Principle	The analysis must not conflate general pharmaceutical or healthcare-system deficiencies with falsified medical-product crime; it remains confined to deliberate falsification and its supporting criminal, financial and institutional architecture.	Outside Scope

1.7 The Central Policy Tension

The central policy challenge is not whether falsified medical products should be prohibited. Their manufacture, distribution and sale pose serious risks to public health and warrant effective criminal and regulatory intervention. The more difficult question is how states can dismantle the criminal markets that sustain these products without simultaneously restricting legitimate access to essential medicines. This tension is particularly acute in the Sahel, where healthcare infrastructure is uneven, pharmaceutical supply chains are vulnerable and large sections of the population may depend on informal channels to obtain treatment. The World Health Organization has identified inadequate access to essential health products as a significant structural vulnerability in global health systems. Where legitimate medicines are unavailable, unaffordable or geographically inaccessible, criminal suppliers encounter a ready market for products that may be substandard, deliberately falsified or otherwise unsafe.

The relationship between access and criminality must therefore be understood as structural rather than incidental. Weak pharmaceutical availability can generate informal demand; informal demand can create commercial opportunities for criminal intermediaries; and those opportunities can sustain organised networks involved in manufacturing, importation, distribution and financial concealment. This does not mean that individuals purchasing medicines through informal channels should be treated as criminal participants. Nor does every shortage inevitably produce a market for falsified products. It does, however, establish that public-health investment and criminal-justice enforcement are mutually reinforcing objectives. Strengthening procurement systems, improving the availability of quality-assured medicines, expanding regulatory oversight and reducing the cost of

legitimate access can diminish the market conditions on which traffickers depend. Effective policy must therefore pursue two objectives simultaneously: disrupting the criminal structures responsible for falsified medical products and ensuring that the lawful pharmaceutical system is sufficiently accessible and reliable to prevent criminal markets from becoming substitutes for essential healthcare.

2. LEGAL AND INSTITUTIONAL ARCHITECTURE

2.1 UNTOC and Its Proper Legal Role

The United Nations Convention against Transnational Organized Crime (UNTOC) provides the principal international criminal-law framework for addressing the organised and cross-border dimensions of falsified medical-product trafficking. Its significance, however, must be stated precisely. UNTOC does not establish a universally defined offence of “trafficking in falsified medical products,” nor does it automatically criminalise every instance of pharmaceutical falsification. Its application depends on the existence of relevant offences under domestic law and on the satisfaction of the Convention’s substantive conditions, including the involvement of an organised criminal group and, where applicable, the transnational character of the conduct. The legal chain is therefore one of domestic criminalisation, organised criminal-group involvement, satisfaction of the applicable seriousness threshold and, where required, a transnational element. Once these conditions are met, UNTOC provides mechanisms for extradition, mutual legal assistance, investigative cooperation, confiscation and the exchange of information.

National legislation is consequently not a peripheral component of the framework; it is its foundation. A state cannot rely on UNTOC as a substitute for adequately defined domestic offences, effective investigative powers or prosecutorial capacity. The legislative task must extend beyond criminalising the physical manufacture or sale of a falsified product. It should also address the falsification and fraudulent use of pharmaceutical documentation, the unlawful production or acquisition of packaging and manufacturing equipment, the financing and organisation of criminal activity, the concealment of proceeds and participation in organised criminal groups. UNODC’s legislative work on falsified medical products is relevant because it assists states in translating international criminal-law obligations into domestic provisions capable of addressing the different stages and supporting infrastructure of the illicit market. For Sahelian states, the central question is not simply whether an offence exists on paper, but whether domestic law permits authorities to prosecute the entire criminal operation rather than only the individual found in possession of the finished product.

2.2 Participation, Facilitation and Corporate Liability

A legally effective response must extend beyond the person who manufactures, stores or physically transports a falsified medical product. Organised pharmaceutical crime is frequently divided among financiers, procurement intermediaries, manufacturers, brokers, document specialists, warehouse operators, transporters and distributors. Some participants may never handle the product themselves. An organiser may finance the operation and coordinate its commercial relationships; a broker may connect a manufacturer with a distributor; a company may knowingly provide storage or transport services; and an intermediary may repeatedly facilitate transactions while remaining formally detached

from the product itself. A criminal-justice framework confined to physical possession risks prosecuting the most visible participant while leaving the organisational structure intact.

UNTOC Article 5 requires States Parties to criminalise participation in an organised criminal group through one of two broad approaches: an agreement-based model, which focuses on an understanding to commit serious criminal activity for a financial or other material benefit, or a participation-based model, which concerns involvement in the criminal activities of an organised criminal group with knowledge of its purpose or criminal objectives. The precise implementation remains subject to domestic legal systems and safeguards concerning intent, proof and fair trial rights. Liability should not arise merely from association with a suspect or from the provision of an otherwise lawful service. The prosecution must establish the relevant knowledge, intention, agreement or participation required by domestic law. This distinction is particularly important in the Sahel, where legitimate transporters, warehouse operators and commercial intermediaries may be exposed to criminal networks without knowingly participating in their activities.

The same considerations apply to legal persons. Companies and other corporate vehicles may be used to import medicines, lease warehouses, process payments, manufacture packaging, arrange transport, obtain regulatory approvals or conceal beneficial ownership. UNTOC Article 10 requires States Parties to establish the liability of legal persons for participation in serious offences involving organised criminal groups, consistent with their legal principles. The Convention permits different forms of liability, including criminal, civil or administrative liability, depending on the domestic legal system. Corporate involvement must therefore be assessed through evidence of knowledge, intent, management participation, deliberate facilitation or other legally relevant conduct. The mere fact that a company appears somewhere in the supply chain cannot establish criminal responsibility.

An effective framework should nevertheless prevent companies from becoming protective shells for organised criminal activity. Relevant indicators may include deliberate circumvention of licensing requirements, repeated use of false documentation, unexplained transactions with high-risk suppliers, concealed beneficial ownership, unusual pharmaceutical shipment patterns and evidence of management involvement. Where a legal entity is knowingly used to facilitate trafficking, sanctions may include fines, confiscation, exclusion from public procurement, licence revocation or other measures authorised by domestic law. The objective is not to criminalise ordinary commercial failure, but to ensure that the organisational and financial structures sustaining the illicit trade can be reached by enforcement.

2.3 Document Fraud and Supporting Infrastructure

The manufacture and distribution of falsified medical products generally depend on a supporting system of documentary and material deception. False certificates of analysis, forged import authorisations, counterfeit product registrations, fabricated invoices, altered batch numbers, fraudulent manufacturing records and misleading labels may be used to create the appearance of regulatory compliance. Packaging, printing equipment, specialised machinery, raw materials and production facilities can likewise form part of the infrastructure through which falsified products are manufactured and introduced into legitimate supply chains. A legal framework that focuses exclusively on the finished medicine may therefore intervene only after the principal harm has occurred.

Domestic legislation should address the falsification and fraudulent use of documents, as well as the knowing manufacture, possession, supply or acquisition of materials and

equipment intended to facilitate pharmaceutical falsification. The relevant threshold must be carefully defined. The ordinary sale of printing equipment, packaging materials or industrial machinery cannot, without more, constitute criminal conduct. Liability should depend on the applicable elements of knowledge, intent, purpose or facilitation, together with the circumstances required by national law. These provisions can nevertheless create opportunities for preventive enforcement. A forged regulatory certificate may reveal a wider network of manufacturers and importers; repeated use of identical packaging specifications may connect apparently unrelated seizures; and the procurement of specialised equipment may provide evidence of a planned manufacturing operation before distribution begins.

Their effectiveness depends on coordination between medicines regulators, customs authorities, police, prosecutors and forensic laboratories. Documentary evidence must be assessed alongside product testing, supply-chain records and financial intelligence. A regulatory irregularity or defective document is not, by itself, proof of organised criminal conduct. Investigators must establish the nature of the deception, the conduct that produced it and the knowledge or intent of the relevant actors. Document-fraud offences are therefore not merely ancillary provisions: they can provide the evidentiary bridge between a suspicious product and the organised system that enabled it to enter the market.

2.4 Confiscation, Asset Recovery and Financial Investigation

The financial dimension of falsified medical-product trafficking is central to its persistence. The seizure of a consignment may prevent immediate exposure to unsafe products, but it does not necessarily disrupt the underlying enterprise. If the network retains its financial proceeds, production facilities, warehouses, vehicles, equipment and commercial relationships, it may be able to replace the seized goods and resume operations. UNTOC Article 12 establishes a framework for the identification, tracing, freezing, seizure and confiscation of proceeds derived from covered offences, as well as property, equipment and other instrumentalities used in their commission, subject to domestic legal requirements.

This framework changes the strategic purpose of enforcement. Investigators must examine not only what product was seized, but how the operation was financed, who controlled the proceeds, which assets were acquired and how those assets were connected to the criminal activity. A warehouse may be more significant to the long-term viability of a trafficking network than a single shipment. A financial intermediary may reveal the relationship between a manufacturer and a distributor that appeared unrelated at the point of seizure. Similarly, the acquisition of vehicles, property or commercial assets through unexplained pharmaceutical transactions may provide evidence of the scale and organisation of the enterprise.

Asset recovery should therefore be integrated into the investigation from its earliest stages rather than treated as a consequence of conviction alone. Financial investigations can identify beneficial ownership, map transfers across jurisdictions and preserve assets before they are dissipated. They may also reveal connections between apparently separate pharmaceutical transactions and wider criminal activities. At the same time, confiscation must remain subject to judicial oversight, evidentiary requirements, proportionality and the protection of legitimate third-party interests. The objective is to remove the economic capacity of criminal networks to reproduce the offence, while ensuring that lawful businesses and property owners are not deprived of assets without a legally sufficient basis.

2.5 Mutual Legal Assistance and Extradition

The transnational structure of pharmaceutical trafficking frequently places essential evidence, suspects and criminal proceeds outside the jurisdiction in which falsified products are detected. A manufacturer may operate in one state, the importing company may be registered in another, the distributor may be located elsewhere, and relevant financial or digital records may be held in a fourth jurisdiction. Without effective cooperation, national authorities may be able to seize the product but remain unable to identify the organisers, establish the flow of proceeds or secure admissible evidence concerning the wider enterprise.

UNTOC Article 18 provides the principal framework for mutual legal assistance in criminal matters, enabling cooperation in obtaining testimony, documents, records, searches, seizures, financial information and other evidence, subject to the Convention and the domestic law of the requested state. Its practical importance depends on the quality of national procedures, the designation of competent authorities, the precision of requests and the ability of institutions to respond within operationally meaningful timeframes. Cooperation can be undermined by inconsistent evidentiary standards, language barriers, delays in transmission, weak case management and uncertainty over the legal status of electronically obtained evidence.

Extradition and related cooperation mechanisms are equally important where individuals directing a trafficking network remain outside the jurisdiction in which the products were seized. The ability to pursue such individuals depends on the relevant domestic offences, applicable treaty arrangements, dual-criminality requirements and procedural safeguards. Successful cooperation therefore requires more than diplomatic engagement. Investigators, prosecutors, customs authorities, financial intelligence units and medicines regulators must preserve evidence in a form capable of being transmitted and used across jurisdictions. For the Sahel, regional cooperation is particularly significant because criminal networks can exploit differences in legal systems, border procedures and institutional capacity to separate the location of the harm from the location of the decision-makers.

2.6 UNCAC, Corruption and Institutional Integrity

Corruption can connect pharmaceutical trafficking networks to the institutions responsible for preventing and detecting them. It may arise in public procurement, medicines registration, import licensing, customs clearance, regulatory inspection, laboratory certification, policing or judicial proceedings. A falsified product does not necessarily enter a market because a regulatory system is absent; it may enter because an official has deliberately bypassed, manipulated or sold access to an existing system. This makes corruption a distinct but interconnected dimension of pharmaceutical crime.

The United Nations Convention against Corruption (UNCAC) provides the broader legal framework for preventing and criminalising corrupt conduct, strengthening institutional integrity, promoting international cooperation and supporting the recovery of illicit assets. UNTOC, by contrast, addresses the organised-crime structures within which such corruption may occur. The two instruments should therefore be understood as complementary. A bribe paid to secure the release of a pharmaceutical shipment may constitute a

corruption offence in its own right, but the investigation should also determine whether the payment formed part of a wider trafficking arrangement, whether other shipments received similar treatment and whether the official maintained a continuing relationship with the criminal network.

Effective enforcement requires institutional safeguards alongside criminal prosecution. These may include transparent procurement procedures, conflict-of-interest rules, asset-declaration systems, independent inspections, secure reporting channels, rotation of personnel in high-risk functions and effective disciplinary mechanisms. Investigations should follow the relationship between the corrupt act and the pharmaceutical supply chain rather than treating the payment as an isolated incident. Where corruption repeatedly enables the movement of falsified products, the integrity of the regulatory institution itself becomes a central object of investigation.

2.7 WHO and the Regulatory Architecture

The World Health Organization occupies a different institutional position from criminal-justice bodies. Its primary contribution lies in public-health governance, technical standard-setting, regulatory coordination, incident reporting and the development of mechanisms through which states can identify and respond to substandard and falsified medical products. The WHO Member State Mechanism provides a forum for policy coordination, while the Global Surveillance and Monitoring System (GSMS) supports the reporting and analysis of suspected incidents, the dissemination of alerts and the identification of vulnerabilities affecting pharmaceutical supply chains.

The value of these mechanisms is particularly evident where the same product, packaging design, manufacturer identity, batch information or formulation appears in several jurisdictions. A regulatory authority that detects a suspicious product may initially possess only limited information about its origin. When that information is shared through appropriate international systems, it may be matched against incidents reported elsewhere, revealing common suppliers, recurring packaging features or related distribution routes. Such information can help regulators determine whether an incident is isolated or forms part of a wider pattern.

The transition from regulatory intelligence to criminal investigation must nevertheless be handled carefully. A regulatory alert or suspected product report is not, by itself, proof of criminal liability. Laboratory testing, documentary verification, chain-of-custody procedures and investigative evidence remain necessary to establish the relevant offence. The strength of the WHO framework lies in its ability to generate early warning and facilitate technical coordination; criminal attribution, prosecution and sanctions remain the responsibility of competent national and regional authorities. Stronger links between medicines regulators, customs services, police, prosecutors and public-health institutions are therefore essential.

3. INTERNATIONAL AND REGIONAL COOPERATION

Falsified medical products are not principally a problem of isolated domestic misconduct. They are a transnational supply-chain crime involving manufacturers, brokers, wholesalers, transporters, corrupt officials, informal distributors, online vendors and, in some cases, organised criminal networks. Products may be manufactured in one

jurisdiction, falsely labelled in another, routed through legitimate ports or wholesalers, diverted during transit and ultimately sold through pharmacies, markets or digital platforms in a third country. Consequently, cooperation limited to diplomatic declarations, occasional seizures or the exchange of general intelligence is inadequate. The relevant objective must be to connect regulatory surveillance, customs control, criminal investigation, financial intelligence, laboratory verification and prosecution across jurisdictions.

The principal failure has been the absence of an operational chain between detection and accountability. A suspicious consignment may be intercepted by customs, yet the product is not tested; a laboratory may identify falsification, yet the source and distribution network are not traced; an investigation may identify a local seller, yet the foreign supplier, financier or document-forging network remains untouched. UNODC has specifically identified the absence of systematic testing, harmonised laboratory methods and reliable procedures for establishing a product's origin, batch, composition or clandestine manufacturing site as major weaknesses in the Sahel. The debate must therefore distinguish between cooperation that produces information and cooperation that produces admissible evidence, coordinated prosecutions, asset recovery and disruption of the underlying network.

The United Nations should provide the legal, technical and coordination framework for such cooperation, but it should not be treated as a substitute for national enforcement. The United Nations Convention against Transnational Organized Crime can support cooperation where the conduct satisfies the Convention's applicable requirements, including mutual legal assistance, extradition, joint investigations and action against the proceeds of crime. The United Nations Convention against Corruption is relevant where falsified medical products enter public procurement, licensing, customs clearance or health-supply systems through bribery, abuse of office, illicit enrichment or procurement manipulation. UNODC can assist with criminal-justice capacity, investigative methods and legislative development; however, it cannot itself replace national prosecutors, police, customs services or medicines regulators. Likewise, WHO's Global Surveillance and Monitoring System and Member State Mechanism are principally designed to support public-health surveillance, information exchange, prevention and regulatory response. WHO does not conduct criminal investigations or prosecute manufacturers and traffickers. The institutional division must therefore be explicit: WHO identifies and supports the response to unsafe products; national authorities investigate and prosecute criminal conduct; UNODC strengthens the criminal-justice architecture connecting those functions.

The Niger meningitis-vaccine incidents illustrate why a purely national or purely regulatory response is insufficient. During a meningitis C outbreak, shortages required procurement through neighbouring-country wholesalers. Suspicious packaging subsequently led to laboratory findings that the vaccines lacked expected antigens. Similar falsified vaccines were reported during later outbreaks, with packaging and labels suggesting a more organised and industrial form of falsification. This was not merely a defective product problem. It involved emergency demand, cross-border procurement, inadequate verification, vulnerable supply chains and the exploitation of a public-health crisis. The appropriate cooperative response would have required rapid cross-border verification of suppliers, authenticated batch records, direct communication between medicines regulators, customs alerts, emergency procurement safeguards, laboratory confirmation and a criminal investigation into the entities responsible for manufacturing, documentation and distribution.

Cooperation between Sahel States must therefore move beyond broad commitments to "information sharing". States should establish secure and time-bound channels for

exchanging information on suspicious manufacturers, importers, wholesalers, transport routes, batch numbers, packaging, certificates of analysis, customs declarations, beneficial ownership, payment arrangements and previously detected products. Information should be exchanged in a form capable of being used operationally and, where necessary, judicially. A regulatory alert that cannot be linked to a customs flag, a laboratory report, a seizure record or a prosecutorial case file has limited practical value. Regional cooperation should also support coordinated inspections, parallel investigations, controlled deliveries where legally permissible, joint analytical testing and the rapid circulation of product alerts without creating unnecessary barriers to legitimate pharmaceutical trade.

Regional institutions such as ECOWAS, the West African Health Organisation and relevant African Union mechanisms can assist with harmonising minimum regulatory standards, inspection procedures, laboratory protocols and product-alert systems. The African Medicines Agency may contribute to regulatory convergence, but regional harmonisation must not remain confined to model legislation or institutional design. The central test is whether a regulator in one State can verify the authorisation of a manufacturer in another State, whether a customs officer can identify a flagged product at a border, whether a laboratory result is accepted across jurisdictions, and whether prosecutors can obtain documents and testimony from the State in which the relevant supplier or intermediary operates. A framework that harmonises terminology but does not facilitate evidence-sharing, investigations and enforcement remains largely declaratory.

The current security environment in the Sahel makes indiscriminate border closure an unsuitable response. Conflict, displacement, porous borders and the weakening of formal administrative control can increase reliance on informal trade routes, but blanket restrictions may also obstruct the lawful movement of essential medicines and incentivise the diversion of legitimate supplies into unregulated channels. The relevant approach is risk-based border governance: high-risk consignments, suppliers, routes and products should receive enhanced scrutiny, while verified pharmaceutical shipments should be processed efficiently. Customs and health regulators should be trained to distinguish between ordinary regulatory non-compliance, unregistered products, substandard products, falsified products and deliberate trafficking. These categories have different evidentiary and legal consequences and should not automatically produce the same sanctions.

Public–private cooperation is necessary because the State does not control the entire pharmaceutical supply chain. Manufacturers, authorised wholesalers, distributors, logistics providers, pharmacies, hospitals, payment intermediaries, online marketplaces and technology companies possess information that public authorities may not otherwise obtain. Manufacturers can verify packaging, serialisation, batch histories and distribution records. Wholesalers and logistics providers can identify irregular routing, unexplained consignments and inconsistent documentation. Digital platforms can detect repeated listings, suspicious seller accounts and the use of protected trademarks or falsified regulatory credentials. Financial institutions and payment providers may identify unusual payment flows, shell-company activity and transactions inconsistent with the declared pharmaceutical business.

However, public–private partnerships must not devolve into informal or unregulated enforcement. Private entities should not be permitted to determine criminal liability, destroy evidence, deny legitimate access or disclose sensitive personal and commercial data without legal safeguards. Cooperation should operate through clearly defined reporting duties, confidentiality rules, due-process protections, evidence-preservation requirements and competent-authority requests. The purpose is to improve detection and preserve

evidence—not to transfer sovereign investigative or prosecutorial powers to commercial actors. The failure to regulate these partnerships may produce false positives, discriminatory blocking, commercial retaliation and the concealment of legitimate parallel trade.

Capacity building must address the entire enforcement chain rather than merely provide short-term training or equipment. A State may receive laboratory instruments without having qualified analysts, validated methods, maintenance budgets, reference standards or procedures for presenting results in court. Customs officers may be trained to identify suspicious packaging without access to real-time product databases. Prosecutors may receive legislative guidance without the technical ability to interpret laboratory findings, establish intent or trace the proceeds of trafficking. Judges may confront complex pharmaceutical evidence without a clear understanding of the distinction between falsification, poor manufacturing quality, unauthorised distribution and ordinary administrative non-compliance.

Technical assistance should therefore cover legislative drafting, risk-based inspection, pharmaceutical procurement, customs profiling, laboratory accreditation, chain of custody, digital evidence, financial investigation, beneficial-ownership analysis, mutual legal assistance, witness protection and specialised prosecution. Training should be institutionalised through national teams comprising medicines regulators, customs officers, police, prosecutors, judges, financial-intelligence units, public-health officials and relevant private-sector representatives. It should also include practical exercises based on actual trafficking patterns: a falsified antimalarial entering through a legitimate wholesaler; a counterfeit vaccine introduced during an outbreak; a consignment supported by forged certificates of analysis; or an online vendor using a legitimate manufacturer's identity. The purpose is to ensure that the response survives personnel changes and does not depend on isolated donor-funded projects.

The debate must also confront what existing approaches have failed to achieve. Seizure statistics are not equivalent to market disruption. A large seizure may demonstrate operational activity, but it does not establish that the manufacturing source, financier, corrupt facilitator or distribution network has been dismantled. Public-health alerts are essential, but an alert without product withdrawal, patient notification, source tracing and criminal follow-up may merely document repeated failure. Legislative harmonisation is valuable, but laws without investigative capacity, independent regulators and effective sanctions do not deter sophisticated actors. Training workshops may increase awareness, but they do not constitute capacity unless they produce functioning laboratories, interoperable databases, trained personnel and completed cases. Nor should every unregistered or substandard product be treated as a falsified product: falsification requires deliberate misrepresentation of identity, composition or source, whereas substandard products may result from authorised products failing to meet quality specifications.

A credible regional strategy must consequently be measured through outcomes rather than institutional activity. Relevant indicators should include the time required to circulate and act upon a product alert; the proportion of seized products subjected to validated laboratory testing; the number of cross-border investigations initiated; the value of criminal proceeds traced or restrained; the number of prosecutions reaching judgment; the dismantling of manufacturing and distribution networks; the reliability of pharmaceutical traceability systems; and the speed with which affected patients and health facilities are notified. Cooperation is effective only where it converts detection into evidence, evidence into prosecution, prosecution into disruption, and disruption into safer access to legitimate medical products.

The purpose of international and regional cooperation is therefore not to create another layer of declarations, conferences or parallel institutions. It is to construct a functioning system in which public-health surveillance triggers regulatory action, regulatory action informs criminal investigation, criminal investigation activates cross-border cooperation, and prosecution targets both the immediate offender and the wider financial and logistical network. For the Sahel, this integrated model must preserve access to lawful medicines while preventing emergency shortages, weak borders, corrupt procurement and fragmented enforcement from becoming commercial opportunities for traffickers.

4. WAY FORWARD

The response must shift from isolated seizures and public-health alerts to a permanent, intelligence-led enforcement system. Falsified medical products should be addressed as a combined public-health, regulatory, corruption and transnational organised-crime problem. Street-level arrests and product destruction are insufficient if manufacturers, financiers, brokers, corrupt officials and logistics networks remain unidentified.

Sahel States should strengthen medicines regulators, laboratory capacity, customs profiling, post-market surveillance and digital traceability. Every suspected product should trigger a defined process: seizure, laboratory testing, chain-of-custody preservation, batch and supplier tracing, patient protection, financial investigation and, where appropriate, prosecution. Regulatory databases must be connected with customs, procurement, hospitals and law-enforcement systems.

The region should adopt risk-based border controls, not blanket restrictions that disrupt legitimate medicine supplies. Enhanced scrutiny should target suspicious suppliers, unexplained price deviations, forged certificates, irregular routes, inconsistent packaging and previously flagged batches. Criminal law must also distinguish deliberate falsification from substandard manufacture, unauthorised distribution and ordinary administrative non-compliance.

Investigations must move beyond retailers and identify the wider network. Mutual legal assistance, joint investigations, financial intelligence, beneficial-ownership analysis and asset recovery should be used to trace who manufactured, financed, transported and authorised the products. Public–private cooperation should involve manufacturers, wholesalers, logistics providers, pharmacies, online platforms and payment services, subject to confidentiality, due process and evidence-preservation safeguards.

Success must be measured through network disruption rather than seizure volume. Relevant indicators include laboratory-testing rates, alert-response times, cross-border investigations, prosecutions of upstream actors, assets restrained, repeat offences prevented and dangerous products removed from circulation.

5. QARMA (QUESTIONS A RESOLUTION MUST ANSWER)

1. What conduct should be classified as falsification, and how should it be distinguished from substandard or unregistered products?
2. Which State has jurisdiction where manufacture, transit, financing and sale occur in different countries?
3. How will laboratory reports, digital records and witness evidence be exchanged and admitted across borders?
4. How will regulatory alerts be converted into criminal investigations?
5. Who will trace the manufacturer, financier, broker, transporter and beneficial owner behind a seized product?
6. How will WHO, UNODC, ECOWAS, WAHO and the African Medicines Agency coordinate without duplicating mandates?
7. How will enforcement protect legitimate cross-border access to essential medicines?
8. What safeguards will govern emergency pharmaceutical procurement
9. What legal duties should apply to manufacturers, wholesalers, logistics companies, online platforms and payment providers?
10. How will corruption in procurement, licensing, customs, inspection and distribution be investigated?
11. What minimum laboratory, regulatory, customs and prosecutorial capacity must each State possess?
12. How will technical assistance be financed and sustained after donor-funded projects end?
13. What indicators will demonstrate actual market disruption rather than merely increased seizures?
14. What safeguards will prevent arbitrary seizures, unlawful data disclosure and the criminalisation of legitimate traders?

6. LINKS FOR FURTHER RESEARCH

1. https://www.unodc.org/documents/data-and-analysis/tocta_sahel/TOCTA_Sahel_medical_2023.pdf
2. <https://www.who.int/health-topics/substandard-and-falsified-medical-products>
3. <https://www.who.int/publications/i/item/9789240097513>
4. <https://www.who.int/teams/regulation-prequalification/incidents-and-SF/substandard-and-falsified-medical-products>
5. <https://www.who.int/news/item/24-07-2025-who-and-unodc-release-landmark-report-on-contaminated-medicines--urging-action-to-protect-patients-from-preventable-harm>
6. <https://www.unodc.org/unodc/en/organized-crime/intro/UNTOC.html>
7. <https://www.unodc.org/unodc/en/corruption/convention.html>
8. <https://au-ama.africa/>
9. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10557312/>